

AO435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
<b>TRANSCRIPT ORDER FORM</b>				DUE DATE:	
Please Read Instructions on Page 2.					
1. <b>REQUESTOR'S INFORMATION:</b>		NAME Deborah Baker		TELEPHONE NUMBER 646 240 7609	
DATE OF REQUEST 12/17/21		EMAIL ADDRESS ( <i>Transcript will be emailed to this address.</i> ) dbakerghosh@hotmail.com			
MAILING ADDRESS 236 Carlton Avenue				CITY, STATE, ZIP CODE Brooklyn NY 11205	
2. <b>TRANSCRIPT REQUESTED:</b>		NAME OF COURT REPORTER <u>LISA BLAIR</u>			
		OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER 3:17-cv-72		CASE NAME Sines v Kessler		JUDGE'S NAME Judge Moon	
DATE(S) OF PROCEEDING(S) 10/25/2021-11/30/2021		TYPE OF PROCEEDING(S) civil		LOCATION OF PROCEEDING Charlottesville	
REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) ( <i>Must specify below</i> )					
SPECIFIC PORTION(S) REQUESTED ( <i>If applicable</i> ):					
3. <b>SERVICE TURNAROUND CATEGORY REQUESTED:</b> (See Page 2 for descriptions of each service turnaround category.)					
<input checked="" type="checkbox"/> Ordinary (30-Day)		<input type="checkbox"/> Daily			
<input type="checkbox"/> 14-Day		<input type="checkbox"/> Hourly			
<input type="checkbox"/> Expedited (7-Day)		<input type="checkbox"/> RealTime			
<input type="checkbox"/> 3-Day					
4. <b>CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE 12/17/2021		SIGNATURE <u>Deborah Baker</u>			

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

Transcript Fee Rates can be found on our website under Standing Orders at:

<http://www.vawd.uscourts.gov/media/1576/transcripts2018-3.pdf>

**NOTE:** Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.